## RE21 AAAITADEE COLL

	Application or Docket Number												
	PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Co						mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			24				R	RATE FEE		1	RA'.E	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00	1
TOTAL CHARGEABLE CLAIMS			J4 minus 20=		• 4		×	X\$ 9=		OR	X\$18=	72	1
INDEPENDENT CLAIMS			ご minus 3 =		g		×	X40=		OR	X80=		1
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					35=		OR	+270=		1 .
' If the difference in column 1 is less than zero, enter "0" in column 2						column 2	_	OTAL		OR	TOTAL	772	1
CLAIMS AS AMENDED - PART II									<u> </u>	<b>J</b> O	OTHER		1
(Column 1) (Column 2) (Column 3)							SA	MALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	_
	Total	-QAME	Minus		ME	2	X	\$ 9=		OR	X\$18=	4	
	Independent	· 040.	Minus		<b>y</b> • • •	<u> </u>	X	40=		OR	X8∩=		1
	FIRST PAESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			35=		OR	+270=	1	1.
2/3/05 (Column 1) (Column 2) (Column 3)								TOTAL			TOTAL		┨
								T. FEE	<u> </u>		ADDIT. FEE		1
AMENDMENT B		CLAIMS REMAINING		HIGH		PRESENT		<del>:</del>	ADDI-	l <sup></sup>		ADDI-	1
	!. :	AFTER AMENDMENT		PREVI	OUSLY	EXTRA	R	ATE	TIONAL FEE		RATE	TIGNAL	
	Total	. 17	Minus	2	4	e .	X	5_9=		OR	X\$18=		
	Independent	. 3	Minus		3_		s mX	40 <del>=</del>	Care of Eq.	OR	X80= :	· Spage	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM	'لــــــــــــــــــــــــــــــــــــ	41	35=		OR	+270=		
						· · · · · · · · · · · · · · · · · · ·		TOTAL		OR	TOTAL		1
		(Caluma 4)		/Calu	ma 21	(Column 3)	ADDI	T. FEE	<u> </u>	JO.1	ADDIT. FEE	<u> </u>	1
		(Column 1)		(Colui	EST				ADDI-		·	ADDI-	┨
MIC		REMAINING AFTER AMENDMENT		PREVIO	OUSLY	PRESENT EXTRA		ATE.	TIONAL		RATE	TIONAL	
OME	Total	*	Minus ·			- 31:HB P		9=	A-LEG-	OR	X\$18=	\$200 CO.	1
AMENDMENT	Independent	•	Minus	•••			-						1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		X40=		OR	<sup>≥</sup> X80=		┨	
+135= OR +270=											+270=		
"If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE													]
	The Highest Nur	ber Previously Pai	d For (Total o	Independ	ant) is the	highest number l	lound in	the ap	propriate bo	t in col	ພາກ 1.	*5.*	:[